

**REPORT OF THE
QUALITY AND COMPLIANCE COMMITTEE OF THE
BOARD OF DIRECTORS OF THE
COOK COUNTY HEALTH AND HOSPITALS SYSTEM**

JULY 21, 2008

ATTENDANCE

Present: Chairman David Ansell, MD; Chairman of the Board Warren L. Batts; Directors Jerry Butler and Benn Greenspan, PhD, MPH, FACHE (4)

Absent: Director Luis Muñoz, MD, MPH (1)

Also Present: Patrick T. Driscoll, Jr. – Deputy State's Attorney, Chief, Civil Actions Bureau, Office of the State's Attorney; Maurice Lemon, MD, MPH – Medical Director, Stroger Hospital of Cook County; Sandy Martill – Chief Medical Officer, Cook County Department of Public Health; Stephen Martin, PhD, MPH – Chief Operating Officer, Cook County Department of Public Health; Linda Murray, MD – Cook County Department of Public Health; Elizabeth Reidy – Deputy Chief, Civil Actions Bureau, Office of the State's Attorney; Deborah Santana – Office of the Secretary to the Board of Commissioners of Cook County; David Small – Chief Operating Officer, Cook County Bureau of Health Services

Ladies and Gentlemen:

Your Quality and Compliance Committee of the Board of Directors of the Cook County Health and Hospitals System met pursuant to notice on Monday, July 21, 2008 at the hour of 3:00 P.M. at 1900 West Polk Street, Second Floor Conference Room, in Chicago, Illinois.

Your Quality and Compliance Committee has considered the following items and upon adoption of this report, the recommendations follow.

Roll Call

Deborah Santana, of the Office of the Secretary to the Board, called the roll of members, and it was determined that a quorum was present.

Welcome and Introductions

Chairman Ansell provided a brief introduction and welcomed the attendees.

Director Butler, seconded by Director Greenspan, moved to take out of order the special presentation and discussion of the impact of the proposed changes to the CCDPH Family Case Management Program: Clinical Outcomes. THE MOTION CARRIED UNANIMOUSLY.

**Special presentation and discussion of the impact of the proposed changes to the
CCDPH Family Case Management Program: Clinical Outcomes**

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- Dr. Stephen Martin, Chief Operating Officer of the Cook County Department of Public Health and Dr. Linda Murray of the Cook County Department of Public Health presented the Committee with an update on the impact of the proposed changes to the Family Case Management Program with regard to clinical outcomes. Chairman Ansell requested that while the discontinuation of case management services was being done for cost reasons, the CCDPH had a responsibility to ensure that the clients are effectively transferred to other organizations without loss of services.

Dr. Martin read the following information into the record:

- Family case management WILL continue for non-high risk clients. It is a state responsibility to identify providers and fund the program. With the System Board's action on July 11, 2008, the state has indicated to us that they are now able to move forward and have already identified and contacted several eager providers. A letter stating this fact has been requested and will be shared with the board upon its receipt.
- Although case management will no longer be provided for non-high risk clients by CCDPH, CCDPH WILL continue providing categorical case management as it relates to our statutory responsibilities (i.e., APORS, Lead Poisoning Case Management, Genetic Case Management, etc.) [see Attachment 1.]. Thus, CCDPH is not out of the case management business. We are simply shifting our operational focus, based on economics, from non-mandated public health services to only our core mission and responsibility for protecting and promoting the health of suburban Cook County.
- Because this activity is a state (i.e., Illinois Department of Human Services (IDHS)) responsibility, the data for this program is under their control. Outcomes data such as infant mortality, birthweight, and preterm is not readily available to the case management service provider. Enclosed please find a FY 2006 and FY 2007 IDHS report on Infant Mortality for your review.
- If the county's ACHN was in a stronger operational position, they could potentially be selected as a provider by the IDHS and thus integrate their clinical care with this case management activity resulting in additional revenue above their Medicaid encounter rate. In the current operational set-up, this health department is not eligible for this revenue since we do not operate primary care clinics. However, providers in the suburbs will be selected by IDHS and will continue to offer the program to these clients. Please note that the state must select and contract with the providers of their program.
- All non-high risk clients are eligible for health insurance through the State of Illinois. The transition of this program DOES NOT impact client eligibility or access to All Kids coverage provided through the state of Illinois Department of Healthcare and Family Services. It is our current intention though to continue to complete MPE (Medicaid Presumptive Eligibility) applications for clients who have a positive pregnancy test and refer them to the case management provider for case management services and a primary care provider for medical services. It would then be the responsibility of the case management provider to assist the client in completion of the All Kids applications.
- The Illinois FY 2009 budget includes a 2% reduction in general revenue funds for Infant Mortality/Case Management and Outreach Services. With this state reduction and recent federal action related to case management, CCDPH is now monitoring the following 2 major

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grant funded programs [Women, Infants, and Children Supplemental Nutrition Program and Family Planning Program (Title X)] closely as well for their future operational impact in FY 2010. The analysis when completed by CCDPH will be presented to this committee as soon as possible in 2009.

- System Board's action on July 11, 2008 has allowed CCDPH to quickly move forward on the service reduction plan and to develop plans to minimize the employee displacement as best as possible. The final impact will not be available until the employee displacement process is fully completed.
- Enclosed please find an executive summary and CD of CCDPH's strategic health plan (wePLAN) for 2005 to 2010. We will begin our next strategic health plan evaluation for suburban Cook County in late 2009 to cover the years between 2011 and 2016. This information will be critical for the System Board when it begins to develop its long term vision of providing public healthcare to the uninsured and underinsured residents and public health services to all residents of suburban Cook County.
- Enclosed please find an executive summary released on July 17, 2008 by Trust for America's Health that evaluates the benefits of investing in prevention programs and their return on investment. The full report may be downloaded from their website at www.healthymericans.org.

Director Ansell asked that Dr. Martin return to report to the Quality Committee in two months and present metrics on the transfer of case management clients to other agencies.

Director Greenspan, seconded by Director Butler, moved to recess the regular session and convene into executive session to discuss personnel matters, pursuant to the Illinois Open Meetings Act, 5 ILCS 120/2(c)(17), et seq., which permits closed meetings for consideration of "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by a public body". **THE MOTION CARRIED UNANIMOUSLY.**

Director Greenspan, seconded by Director Butler, moved to adjourn the executive session and convene into regular session. **THE MOTION CARRIED UNANIMOUSLY.**

Discussion of Committee's purpose and general order of business

Medical staff appointments, reappointments and changes

Request to approve the following Clinical Leadership Appointments:

Appoint Dr. Suja Matthews to Internal Medicine Residency Program Director;

Appoint Dr. Peter Hart to Chair of Nephrology;

Appoint Dr. Augustine Manadan to Chair of Rheumatology.

Adverse event reporting/malpractice case review

Quality and safety dashboards

Patient grievance report/patient satisfaction

Quality reports from key clinical departments

Hospital committee reports

Regulatory review

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Discussion of Committee membership and involvement of Non-Directors

Report and comments from each of the Medical Staff Executive Committees

Presentation by Hospital and ACHN Quality Directors

General organization of quality improvement activities, reporting structures, timelines or schedules of departmental reporting, etc.

Listing of quality issues focus for the current fiscal year

Listing of performance improvement initiatives currently underway

Status of all regulatory surveys and corrective action plans

Director Butler, seconded by Director Greenspan, moved to approve the following Clinical Leadership Appointments included in the Medical Staff Appointments, Reappointments and Changes:

Appoint Dr. Suja Matthews to Internal Medicine Residency Program Director;
Appoint Dr. Peter Hart to Chair of Nephrology;
Appoint Dr. Augustine Manadan to Chair of Rheumatology.

On the motion to approve, a voice vote was taken and THE MOTION CARRIED UNANIMOUSLY.

Director Butler, seconded by Director Greenspan, moved to adjourn. THE MOTION CARRIED AND THE MEETING WAS ADJOURNED.

Respectfully submitted,
Quality and Compliance Committee of the
Board of Directors of the
Cook County Health and Hospitals System



David Ansell, MD, Chairman

Attest:


Matthew B. DeLeon

Matthew B. DeLeon, Secretary

**The audio recording for this meeting is available from the Office of the Secretary to the Board, 118 North Clark Street, Room 567, Chicago, Illinois 60602.